



The Riverdale YM-YWHA

5625 Arlington Avenue
Bronx, NY 10471
718.548.8200
www.riverdaley.org

Please select program:

Kid's Space @ Y

Kid's Space @ PS24

Kid's Space Family History Form

Child's Full Name _____ (Nickname) _____ Birthdate _____

Address _____ Zip _____ Telephone # _____

Adults living in home _____

Parent/Guardian 1: Name _____ Home Address _____

Occupation & Employer _____

Parent/Guardian 2: Name _____ Home Address _____

Occupation & Employer _____

Who else is involved in the care of the child? _____

What is the marital status of the parents? (Circle 1) a. Married b. Separated c. Divorced d. Widowed

Religious Affiliation (optional) _____

Siblings: Names _____ Ages _____

School Attending: _____ Grade: _____ Teacher _____

Is child in good health? _____

Has he/she had any childhood diseases? _____

Does your child have any allergies? _____

Is your child enrolled in a special education program (gifted, supported, etc.)? If yes, please describe:

Does your child have an I.E.P? _____

If so, please share a copy with your Program Director so our staff can best support your child.

Are there any issues, fears or behaviors we should be especially aware of so that we can be more supportive? _____

What activities does your child enjoy doing? _____

Does he/she play alone? _____ Does he/she have children to play with? _____

What hobbies or activities does he/she enjoy? _____

How would you describe your child's style of playing? (For example, is he/she assertive, demanding, active, shy? Does he/she have many ideas of his/her own? Does he/she accept other children's ideas?)

Please describe fully: _____

What methods or techniques do you use with your child when unwanted or inappropriate behaviors arise?

Please explain: _____

Are they effective? _____

What languages are spoken in the home? _____

Other than school, what group experiences have he/she had?

Camp After-School Program Enrichment Class Other _____

Where did they attend these programs? _____

How did they respond to these activities? _____

How does your child feel about school? _____

Is there anything else that you feel would be important for our staff to know?

Why did you choose this program for your child? _____

What are your expectations and goals for your child while in our program? _____

Parent Signature:

Date: